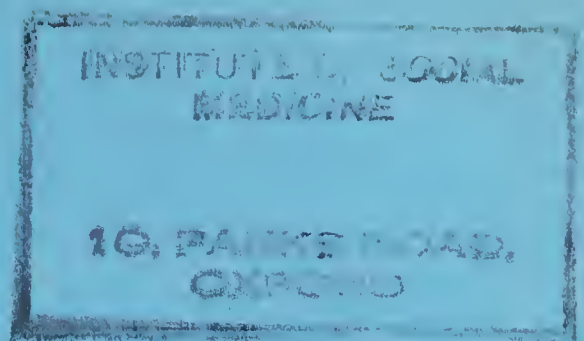


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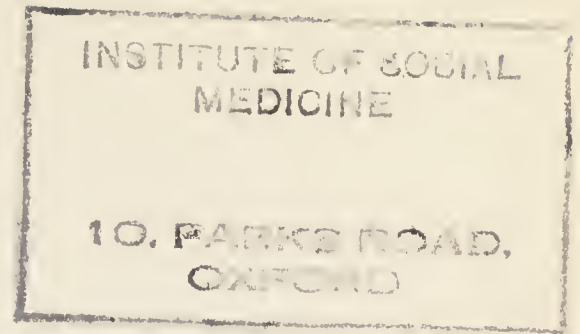
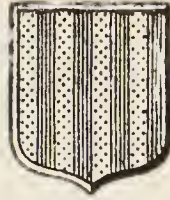
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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER
for the
YEAR 1949



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COUNTY OF NORTHUMBERLAND.

**REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR 1949.**

To the Chairman and Members of the
Northumberland Education Committee.

Mr. Chairman, My Lord, Ladies and Gentlemen,

This report on the School Health Service for 1949, for the preparation of which I am greatly indebted to Dr. Pierce, reviews the health of the school children in the County and shows what has been done in an attempt to overcome the effects of illness or minimise the handicaps which arise from disability.

The report covers the first complete period of twelve months during which the National Health Service was in operation, and it is of interest to note that the work of the School Health Service generally shows no decline, though the actual admission of children to hospital and payment for their treatment there is no longer the responsibility of the Education Authority. It had been felt that there was a danger of the preventive work of the School Health Service being relegated to the background in view of the extensive free hospital and specialist service now available, but the preventive work has, in fact, increased, and in 1949 more children received periodic medical examinations than in any other year since the service was started. Other expansions in the work show that the School Health Service has an important and ever growing part to play in the maintenance of the health of the school child.

The value of the service in the eyes of the public is reflected in the percentage of parents attending to see the doctor when their children are examined. There is no doubt that parents appreciate the value of the advice given on these occasions, but the report refers particularly to the fact that it is relatively uncommon for parents to attend at the examination of 14 or 15 year old pupils. This is a matter for considerable regret as there are many occasions on which it would be advantageous for the doctor to be able to advise the parents of these boys and girls before they leave school.

One of the interesting features of the year's work has been the continued decline in the incidence of scabies. The rapid fall in the number of these cases since 1942 and the fact that the incidence is now less than one-tenth of what

it was eight years ago is indicative of the value of the treatment by benzyl benzoate which is now generally adopted. It is satisfactory also to report that there were considerably fewer cases of impetigo and that the severe cases of this condition which were so common in the past are now rarely seen. Against these improvements must be set the fact that there was a considerable increase in the number of cases of ringworm during the year, particularly in the Blyth area. The value of the arrangements with the Consultant Dermatologist was well illustrated in this outbreak and it is of interest that the x-ray treatment of the children was finally undertaken by a doctor in the School Health Service working in the Newcastle General Hospital, after being trained there by the Specialists of the Regional Hospital Board. I would draw attention to Dr. Burnett's report on the ringworm epidemic in Blyth and note that, though the outbreak was not controlled by the end of the year under review, Dr. Burnett was able to give all the necessary treatment in 1950.

The percentage of children found to have visual defects requiring treatment was the largest ever recorded for 30 years. This increase in the number of children referred for treatment in the last four years is related to the improved service available and to the fact that efforts are now made to treat minor defects of vision which were previously ignored. It is not thought that the vision of the children has deteriorated. The arrangements for the examination of children in need of spectacles which were made through the Executive Council were satisfactory and there was little reduction in the number of children seen compared with previous years.

The number of children receiving speech therapy has increased nearly fourfold since 1947. While this is a most satisfactory state of affairs, still further treatment is required and it is hoped that the appointment of a further speech therapist in the future will enable the benefit of this service to be made available to more children.

The co-operation with the Regional Hospital Board is shown by the continued increase in the number of children seen at the Orthopaedic Clinics. The number of cases seen by the Orthopaedic Surgeon doubled in two years. I should like to pay tribute to the work and enthusiasm of Mr. Donald Brown and to say that his untimely death was a great loss to the School Health Service.

Despite great staffing difficulties, the work of the Dental Service was maintained at a level which was satisfactory under existing conditions. The slight decline in the percentage of children found to be dentally fit is probably only a

temporary set-back in the continuing upward trend of satisfactory dental conditions which has been maintained since 1929. If the staffing difficulties can be overcome, a great expansion of the preventive work of the School Dental Service can occur. There is little doubt that conservative work undertaken with school children may prevent the need for much dental treatment in later years. The increased interest in orthodontics is noteworthy and the service is greatly indebted to the Newcastle upon Tyne Dental Hospital for help in this work. I would draw attention to the improved equipment which has been made available during the year, as it is clear that such equipment improves the work of the dentist and the status of the service in the eyes of the public.

Slightly more than 97 per cent. of the pupils in County Schools proved to be of satisfactory nutrition during the year. The maintenance of this level shows that little fault can be found with the adequacy of the children's diet. We may hope that the small proportion of children of poor nutrition will be still further reduced in the future.

I have included in my report extracts from reports by the Assistant School Medical Officers. These are of the greatest interest, as the doctors comment on the conditions in the areas in which they are each working. Particular reference is made in their reports to the neglect of tooth cleaning, and there is no doubt that much must yet be done to impress the need for dental hygiene on the parents as well as the children. It is too readily accepted that the wearing of dentures is the normal lot of the adult, and that care of the teeth is unnecessary.

With the final comment that one pupil in ten in County Schools still has lice or nits in the hair, I present the report to you. The work could not be carried out without the close co-operation of the teachers and I must pay tribute to their interest and the help they have given. The Department is equally indebted to the Director and his administrative staff who have been of the utmost assistance. To Dr. Pierce, Mr. Robinson and the other members of the staff of the Department, I would offer my congratulations on the work they have done and my sincere thanks for their help throughout the year.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,
Your obedient Servant,

JOHN B. TILLEY,
School Medical Officer.

COUNTY HALL,
NEWCASTLE UPON TYNE, 1.
11th September, 1950.

STAFF.

County School Medical Officer	...	...	...	JOHN B. TILLEY, M.D., B.Hy., D.P.H.
Deputy County School Medical Officer	...	...	...	WILLIAM J. PIERCE, M.B., Ch.B., D.P.H.
Assistant County School Medical Officer	...	...	...	WILLIAM W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.
Do.	...	...	...	MARY W. DEWELL, M.B., B.S.
Do.	...	...	...	EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
Do.	...	...	...	†ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
Do.	...	...	...	ANNA M. REID, M.B., Ch.B., D.P.H.
Do.	...	...	...	*ALFRED G. NEWELL, M.D., C.M., L.M., D.P.H. (Resigned 28th February, 1949).
Ophthalmologist	...	...	...	*HENRY H. AITCHISON, M.R.C.S.
Do.	...	...	...	*JOSEPH D. MILNE, L.R.C.P., L.R.C.S., D.O.M.S.
Do.	...	...	...	*ARTHUR T. PATERSON, M.D., F.R.C.S.
Do.	...	...	...	*ROLAND J. S. SMITH, F.R.C.S.
Consultant Dermatologist	...	...	...	*SYDNEY THOMPSON, M.D.
Orthopaedic Surgeon	...	...	...	*DONALD BROWN, M.S., F.R.C.S. (Commenced 1st January, 1949).
Speech Therapist	...	...	...	*MURIEL E. MORLEY, F.C.S.T.
County Superintendent Health Visitor	...	...	...	ANN A. GRAHAM, S.R.N., H.V.Cert. R.S.I.
Senior County Dental Officer	...	...	...	ARNOLD E. ROBINSON, F.D.S. R.C.S.
County Dental Officer	...	...	...	CATHERINE M. ANDERSON, L.D.S.
Do.	...	...	...	OSWALD S. BENNETT, L.D.S.
Do.	...	...	...	JAMES K. CHRISTIE, L.D.S. (Resigned 31st March, 1949).
Do.	...	...	...	FREDERICK J. GILBERTSON, L.D.S.
Do.	...	...	...	THOMAS A. IRELAND, L.D.S.
Do.	...	...	...	WILLIAM J. IRVINE, L.D.S.
Do.	...	...	...	MARGARET I. LAMB, L.D.S.
Do.	...	...	...	MARION J. MICKLER, L.D.S.
Do.	...	...	...	WALTER P. NEILSON, L.D.S.
Do.	...	...	...	ERNEST L. PICKERING, L.D.S. (Resigned 31st January, 1949).
Do.	...	...	...	ERNEST M. PICKERING, L.D.S.
Do.	...	...	...	WILLIAM ROBSON, L.D.S.
Do.	...	...	...	ROLAND M. SMITHSON, B.D.S. (Resigned 15th March, 1949).
Do.	...	...	...	JOHN STEWART, L.D.S.
Do.	...	...	...	KENNETH WAKE, L.D.S.
Do.	...	...	...	JOAN WEYMAN, B.D.S.
<i>Wallsend Divisional Executive—</i>				
School Medical Officer	...	...	...	OSWALD H. SIUNG, B.Sc., M.B., Ch.B., D.P.H.
Assistant School Medical Officer	...	...	...	MARGARET H. GRANT, M.B., B.S. (Appointed 5th December, 1949).
Do.	...	...	...	†ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
Do.	...	...	...	MAUDE STEVENSON, M.B., B.Ch., B.A.O. (Appointed 15th February, 1949 ; Resigned 30th September, 1949).

* Part-time.

† One-fifth of time allocated to County, four-fifths of time allocated to Wallsend.
(Transferred to whole-time County service as from 15th February, 1949.)

SCHOOL MEDICAL INSPECTION.

The medical inspection of school children was carried out in 1949 in accordance with the regulations issued by the Ministry of Education in 1945, and children in the following age groups were examined at periodic medical inspection :—

- (1) Upon admission to a Primary School—at the age of 5 years ;
- (2) In the last year of attendance in the Junior School—at the age of 10 years ;
- (3) In the final year at the Secondary Modern School—at the age of 14 years ; and at the Grammar School—at the age of 15 years.

The number of children examined at periodic medical inspection in the age groups mentioned above, together with those examined at other periodic inspections, was 18,466, the largest number ever examined and an increase of 1,570 compared with the previous year. In addition, 23,735 children were examined as special cases or re-examined on account of a defect having been noted at the previous medical inspection ; this number showed an increase of 1,852 when compared with last year's total of 21,883.

Parents are always notified of the date and time of the examination of their children at periodic medical inspection and are invited to be present. The percentage of parents who attended in 1949 was 62.8 and, while satisfactory, showed a slight decrease compared with 64.1 in the previous year. It is known that some of the older children dissuade their parents from attending medical inspection, but the high percentage of parents who travel long distances in the rural areas to be present at the inspections shows an appreciation of the School Health Service which is gratifying.

THE FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

In addition to the routine of medical inspection recorded above, visits were paid to the schools by the Health Visitors, without previous notice being given, for the purpose of examining the children to ascertain their condition regarding uncleanliness and infestation with vermin. The total number of examinations for this purpose was 132,217, and concerned 54,805 children. The number of individual children who were found to be infested with either vermin or nits of the scalp was 5,545, which gives a percentage of 10.1, a slight increase compared with the previous year when the percentage was 9.8.

As recorded in the Annual Report for 1948, the percentage of uncleanness is still high and remains well above the pre-war level, as is shown by the following table :—

Year.	Percentage.	Year.	Percentage.
1936	5.6	1943	10.6
1937	5.8	1944	10.8
1938	6.1	1945	9.9
1939	8.6	1946	10.9
1940	6.2	1947	10.5
1941	6.6	1948	9.8
1942	9.4	1949	10.1

It is a matter of regret that such a high percentage of uncleanness is still recorded, but undoubtedly the crowded housing conditions, whilst improving to a certain extent, still leave much to be desired and these conditions are conducive to continuing infestation. The Health Visitors report that there is always a small hard core of families who never attain a reasonable state of cleanliness and whose principles of hygiene are definitely below standard.

The Health Visitors continued to use a D.D.T. emulsion preparation, the formula of which was recently improved, and this has proved most effective in the eradication of this dirty and unpleasant condition.

Ringworm.

Two hundred and thirty-one children were found to be suffering from ringworm, compared with 122 in 1948.

Scabies.

The number of cases of scabies found amongst school children in 1949 was 137, and showed a considerable decrease when compared with the 1948 figure of 217. The continued treatment of this condition by benzyl benzoate has played an important part in the reduction of its incidence and has allowed children to return to school after a comparatively short absence. The reduction in the number of cases of scabies during the past eight years is shown by the following table :—

Year.	Number of cases.
1942	1,837
1943	1,299
1944	988
1945	884
1946	594
1947	342
1948	217
1949	137

Impetigo.

The total of 273 cases of impetigo in 1949 was 85 less than in 1948 and 114 less than in 1947, which is indicative of a steady decline in the number of cases similar to that recorded from 1942 to 1946. As recorded in the Annual Report for 1948, no simple explanation can be given for the large increase in the number of cases in 1947, but it is hoped that the decline which commenced in 1948 will continue. The number of cases of impetigo during the past seven years is shown in the following table :—

Year.	Number of cases.
1943	267
1944	211
1945	172
1946	150
1947	387
1948	358
1949	273

Tonsils and Adenoids.

During the year under review, 118 children were found to be suffering from chronic tonsillitis, 25 were suffering from adenoids and 386 from both defects. All these children required treatment. In addition, 549 children with enlarged tonsils, 28 with adenoids and 478 with both defects were referred for further observation. The percentage of children suffering from these conditions was 9.5 compared with 10.6 in the previous year.

Ear Diseases.

Sixty-eight children found to be suffering from otitis media were referred for treatment and 83 for observation. Fifty-nine children required treatment for defective hearing and 101 were kept under observation. The percentage of 1.8 shows a slight decrease compared with the year 1948, when the percentage was 2.1.

External Eye Diseases.

Eighty-eight children found to have external eye diseases were referred for treatment and 90 for observation. This gives a percentage of 1, which is identical with that of the two previous years.

Vision.

Nine hundred children were found to have visual defects and required treatment, while 914 were kept under observation. Two hundred and twenty-one children with squint were referred for treatment and 242 for observation. The percentage of children suffering from visual defects was 13.6, a very slight increase compared with the 1948 percentage of 13.5. It may be noted that this figure is the highest recorded during the past thirty years, and that the four years since 1946 have all shown a higher proportion of children with visual defects than at any time since 1920.

Tuberculosis.

In the course of periodic medical inspection, 1 child was referred for treatment on account of definite pulmonary tuberculosis, 13 for suspected pulmonary tuberculosis and, in addition, there were 14 non-pulmonary cases. The following children were kept under observation :—

- 7 on account of definite pulmonary tuberculosis ;
- 26 on account of suspected pulmonary tuberculosis ;
- 89 on account of non-pulmonary tuberculosis.

The percentage of cases of definite pulmonary tuberculosis was slightly lower than in 1948, being 0.05 compared with 0.12. The percentage in respect of suspected pulmonary tuberculosis was also slightly lower, being 0.2 compared with 0.3 last year. The percentage of cases of non-pulmonary tuberculosis was 0.6, this percentage being the same as that in 1948.

MEDICAL TREATMENT.

Particulars of treatment carried out at the School Clinics are detailed in the following pages under headings referring to the specific conditions.

Hospital treatment is now the responsibility of the Regional Hospital Board, but arrangements are made by the School Health Service for children, who have been referred by Assistant School Medical Officers, to attend hospital for their first appointment.

SKIN DISEASES.

The County School Skin Clinic was held at Gosforth as in the previous year and was attended twice monthly by Dr. Sydney Thompson, the Consultant Dermatologist of

the Royal Victoria Infirmary, Newcastle upon Tyne. School children from all parts of the County, including Wallsend, attended this Clinic, although the number of children from the more remote northern and western parts of the County who attended was naturally very small. The following schedule enumerates the types of skin conditions which were seen at the Clinic :—

Ringworm	...	...	...	...	84
Dermatitis	...	...	...	...	5
Seborrhoea Dermatitis	...	...	...	...	12
Seborrhoea of Scalp	...	...	...	...	3
Urticaria Papulosa	...	...	...	...	5
Naevus	...	...	...	...	5
Naevus Linea	...	...	...	...	3
Naevus Pigmentosus	...	...	...	...	1
Stellate Naevus	...	...	...	...	1
Alopecia Areata	...	...	...	...	4
Psoriasis	...	...	...	...	7
Scabies	...	...	...	...	2
Xeroderma	...	...	...	...	5
Pityriasis Rosea	...	...	...	...	1
Plantar Warts	...	...	...	...	7
Eczema	...	...	...	...	23
Acne Vulgaris	...	...	...	...	9
Tinea Circinata	...	...	...	...	6
Impetigo of Scalp	...	...	...	...	1
Verrucae	...	...	...	...	28
Mole	...	...	...	...	2
Other Skin Conditions (including Ringworm contacts found to be negative)					118

The total number of children examined by Dr. Thompson was 332, compared with 204 in the previous year. This increase was due to the prevalence of ringworm of the scalp at Blyth where a special Skin Clinic was opened during the year to cope with the epidemic locally. Prior to the opening of this Clinic, Blyth school children attended the Gosforth Skin Clinic.

The epidemic of ringworm of the scalp amongst Blyth school children commenced in March, 1949, and so many pupils were affected that arrangements were made whereby Dr. Thompson attended twice monthly at the special Skin Clinic, held at Wellington House, Blyth, as from 9th June, 1949. From the beginning of the epidemic up to the end of the year, 186 children were excluded from school, 74 were cured and allowed to return to school and, at the end of the year, 112 children were still excluded from school.

As recorded in the Annual Report for 1948, neither the Royal Victoria Infirmary nor the Newcastle General Hospital were in a position to arrange for the X-ray treatment of County and Wallsend school children suffering from ringworm of the scalp. The arrangement with Dr. Donald Ramage, whereby children attended his consulting rooms for X-ray epilation of the scalp hair, continued until he ceased private practice at the end of March but, during the first three months of the year, it was possible to arrange for 8 County children and 12 Wallsend children to be treated by Dr. Ramage.

Arrangements were made for 2 Blyth school children to be treated as urgent cases at the Newcastle General Hospital but, owing to the increasing number of children for whom X-ray treatment had been recommended by Dr. Thompson, the question of treatment on a large scale had to be considered. It was suggested by the Director of the Regional Radiotherapy Service that one of the Medical Officers of the School Health Service might be seconded to the Newcastle General Hospital on a sessional basis. It was stated that X-ray apparatus was available at the hospital but that the shortage of Radiotherapists precluded the Hospital Authorities arranging treatment. Dr. William W. Burnett, the Assistant School Medical Officer for the Blyth area, commenced attendance at the Hospital on 12th December, 1949, and, from this date up to the end of the year, treated 3 school children. Eventually, Dr. Burnett will attend the Hospital for two sessions each week and the number of children treated at each session will be increased.

It is most satisfactory to report that, as in 1948, only 3 children with scabies and impetigo were referred to Dr. Thompson. The Skin Clinic at Gosforth and the newly established Skin Clinic at Blyth were of the greatest value to the School Health Service and formed an essential liaison with the Skin Department of the Royal Victoria Infirmary.

OPHTHALMIC TREATMENT.

School children found to have defects of vision or other eye conditions at school medical inspection, or brought to the notice of the Assistant School Medical Officers by the parents or teachers, were referred to the Ophthalmic Clinics. In the urban areas, these Clinics are normally held in Child

Welfare Centres, but in many of the rural areas they are held on school premises. In 1949, Clinics were held at :—

Alnwick.	Monkseaton.
Amble.	Morpeth.
Ashington.	Newburn.
Belford.	Old Hartley.
Bellingham.	Otterburn.
Berwick.	Ponteland.
Blyth.	Prudhoe.
Choppington.	Rothbury.
Cramlington.	Seahouses.
Dudley.	Seaton Burn.
Forest Hall.	Seaton Delaval.
Gosforth.	Shiremoor.
Haltwhistle.	Wallsend.
Hexham.	Wooler.

During the year under review, no change was made in the procedure whereby the Ophthalmologists, all of whom hold specialist appointments in Eye Hospitals or the Eye Departments of teaching hospitals, attended Ophthalmic Clinics by arrangement with the Northumberland Executive Council and were remunerated on a sessional basis by the Education Authority, who received a fee from the Executive Council in respect of each child refracted. The provision of spectacles for school children continued to be the responsibility of the Northumberland Executive Council as part of the Supplementary Ophthalmic Services.

Three hundred and ninety-one sessions were devoted to the examination of County school children by the Ophthalmologists. Three thousand and eight children were examined and, of these, 2,733 were refracted for defects of vision. Spectacles were prescribed in the case of 2,289 children. As in 1948, difficulty was experienced in obtaining spectacles but, by the end of 1949, the position had eased to a certain extent. Of the 2,289 pairs of spectacles prescribed, only 1,283 children had received their spectacles by the end of the year as far as could be ascertained. This gives a percentage of 56.05 spectacles supplied compared with 74.2 per cent. last year. It should be borne in mind, however, that all spectacles were supplied under the National Health Service in 1949, whereas in 1948, the Education Authority was responsible for the provision of spectacles up to and including the 4th July and the Northumberland Executive Council from the 5th July onwards.

Dr. R. J. S. Smith, from the Edinburgh Royal Infirmary, continued his attendance at the Berwick Clinic for children in the north of the County, and the three Ophthalmologists from the Newcastle Hospitals continued to attend Clinics in the rest of the County, including Wallsend. During the year under review, it was not possible to recruit Ophthalmologists for this work, but early in 1950 it may be possible to complete an arrangement whereby an Ophthalmologist residing in Wallsend attends the Wallsend Ophthalmic Clinics. Unfortunately, the list of children awaiting refraction is a very long one, but it is hoped that the position will improve in 1950.

Orthoptic Treatment.

The arrangement whereby school children suffering from squint and other eye defects attend the Newcastle upon Tyne Eye Hospital for treatment was continued during the year under review. Children suffering from squint receive orthoptic treatment at the Hospital and, if this does not prove successful, operative treatment is carried out.

The Secretary of the Newcastle upon Tyne Eye Hospital has kindly supplied the following information relative to the treatment of school children at the Hospital during 1949 :—

	Number of children.		
Regular treatments	...	...	64
Operations	...	...	42
Discharges	...	...	71

Children who have received operative treatment automatically attend twice weekly for treatment for a period of one month and these children have not been included in the Regular Treatments shown above. The following table shows the disposal of the 71 children discharged during the year :—

Disposal.	Number of children.		
Orthoptically satisfactory	...	...	39
Cosmetic results	...	...	11
Improved	...	...	7
Not improved	...	...	10
Failed to attend	...	...	3
Unsuitable	...	...	1

DISEASES OF THE EAR, NOSE AND THROAT.

During the whole of the year under review, all children who at school medical inspection were found to have defects of the ear, nose or throat which, in the opinion of the Assistant

School Medical Officers required treatment, were first referred for examination by a Consultant at the appropriate Hospital. If operative treatment was recommended, the names of the children concerned were placed on the waiting list at the Hospital and subsequent arrangements for their admission made by the Hospital Authorities.

The number of school children examined by Hospital Consultants during 1949 is shown by the following table :—

Hospital.	Number of Consultations.
Berwick Infirmary	35
Ear, Nose and Throat Hospital, Newcastle	460
Hospital for Sick Children (Fleming Memorial), Newcastle	56
Thomas Knight Memorial Hospital, Blyth	80
Total	<u>631</u>

The number of children awaiting operative treatment at each Hospital was invariably large and one of the Hospitals suspended routine consultations until the operative treatment waiting list had been cleared.

ORTHOPAEDICS.

The work of the County Orthopaedic Service was considerably increased and the scope extended during the year under review. The Orthopaedic Surgeon attended Clinics at Alnwick, Ashington, Blyth, Gosforth, Hexham, Morpeth, Newburn, Prudhoe, Rothbury, Shiremoor, Tweedmouth and Wallsend. In addition to their attendance at these Clinics, the Orthopaedic Sisters attended Clinics at Cramlington and Haltwhistle for the purpose of carrying out treatment recommended by the Orthopaedic Surgeon, thereby eliminating the necessity of children from these areas travelling to the Gosforth and Hexham Clinics, respectively, for treatment.

The total number of children who attended the Orthopaedic Clinics was 2,037, and the Orthopaedic Surgeon examined 660 new cases compared with 473 in 1948, and 272 in 1947. The marked increase in the work, recorded in the Annual Report for 1948, continued in 1949, and was reflected by the total number of children examined during the year, which increased to 2,029 compared with 1,701 in the previous year, an increase of 328. At the beginning of the year 8 children with minor degrees of flat foot were referred direct to the Orthopaedic Sisters for exercises without previous examination by the Orthopaedic Surgeon.

The employment of two full-time Physiotherapists was continued, but unfortunately, one resigned towards the end of May and it was not possible to fill the vacancy until the middle of September. If the services of two full-time Physiotherapists had been available during the whole of the year, there is no doubt that the scope of the Service would have been still further widened.

The following table shows the number of sessions devoted to Consultation and Treatment and the number of attendances made by school children :—

Clinic.	Number of Sessions :		Number of new cases examined by Orthopaedic Surgeon.	Total number of attendances by patients.
	Orthopaedic Surgeon for consultation.	Orthopaedic Sister for treatment.		
Alnwick ...	10	33	63	384
Ashington ...	11	29	198	1,123
Blyth ...	11	29	94	565
Cramlington...	—	5	—	17
Gosforth ...	18	17	58	492
Haltwhistle ...	—	5	—	39
Hexham ...	11	23	50	365
Morpeth ...	6	13	21	162
Newburn ...	5	13	23	187
Prudhoe ...	4	9	21	167
Rothbury ...	3	8	3	89
Shiremoor ...	10	7	26	218
Tweedmouth	6	12	21	228
Wallsend ...	12	23	82	727
	<u>107</u>	<u>226</u>	<u>660</u>	<u>4,763</u>

In-patient treatment, as in previous years, was carried out at the W. J. Sanderson Orthopaedic Hospital for Children at Gosforth, the Education Committee being responsible for the educational side of this Residential Special School. During 1949, 56 school children were admitted and 58 discharged and there remained in hospital at the end of the year 21 County and 2 Wallsend school children. One boy from Tweedmouth who received in-patient treatment in the Princess Margaret Rose Hospital for Crippled Children, Edinburgh, in 1948, continued to attend this Hospital as an out-patient during 1949.

ULTRA VIOLET LIGHT THERAPY.

Ultra Violet Light treatment was available at 10 Centres in the County during 1949, and the number of attendances for treatment showed a decrease of more than 2,300 when

compared with the previous year's total of 5,769. Details of the attendances of school children are given in the following table :—

Clinic.				Attendances.
Ashington	...	...	...	334
Bedlington	...	...	...	293
Blyth	...	...	...	207
Dudley	...	...	...	363
Forest Hall	...	...	...	655
Gosforth	...	...	...	61
Seaton Delaval	...	...	...	276
Shiremoor	...	...	...	703
Throckley	...	...	...	78
Whitley Bay	...	...	...	426
				3,396

It is worthy of note that the number of cases referred for this type of treatment during 1949 shows a considerable decrease when compared with last year and is the lowest since 1945, as is shown by the following table of attendances :—

Year.	Attendances.
1946	4,371
1947	3,707
1948	5,769
1949	3,396

SPEECH THERAPY.

During the year under review, an increased number of children attended the Speech Clinics at Alnwick and Hexham, at which Miss M. E. Morley, F.C.S.T., continued her attendance of one half-day session each week. In addition, school children were referred to the Speech Clinics at the Hospital for Sick Children (Fleming Memorial), Newcastle, and the Royal Victoria Infirmary, Newcastle, which are also attended by Miss Morley.

The marked increase in the number of children who received treatment for speech defects during the year is most gratifying, and tribute must be paid to the parents who co-operate so willingly in ensuring the regular attendance of their children at the Clinics and in the carrying out of simple speech exercises at home.

In 1947, only 63 children received treatment, a figure which increased to 115 in 1948. During the year under review, 226 children were treated, nearly four times as many as two years earlier. Of these children, 25 were treated at the Alnwick Clinic and made 286 attendances, while 27 were treated at the Hexham Clinic and made 231 attendances. One hundred and thirty-nine County children and 35 Wallsend children received treatment at the Fleming

Memorial Hospital, more than twice the number which received treatment during 1948.

It is most pleasing to report the satisfactory results of speech therapy and to record the fact that, during the year, many parents expressed their spontaneous thanks at the almost incredible improvement in their children's speech. It was not possible to appoint a full-time speech therapist during the year under review, but it is hoped that this appointment will be made next year.

HANDICAPPED PUPILS.

Under the Education Act, 1944, the responsibility for the ascertainment of handicapped children is determined as that of the Local Education Authority. The arrangements which became operative under the relevant Section of this Act have been carried out by the School Health Service. The categories of handicapped pupils have remained unaltered since they were decided by the Minister of Education in 1945, and full details of these categories were given in the Annual Report for 1946.

Children considered to be handicapped are brought to notice by Health Visitors, Head Teachers, School Attendance Officers and parents, and sometimes by outside agencies, but by whatever means they are brought to notice the School Medical Officer is required to complete "ascertainment" if the children are over two years of age. These examinations are carried out by the Assistant School Medical Officers who examine the children at school or in school clinics, but very often in the children's own homes.

During the year under review, two educational tests were carried out by the Education Department in respect of all scholars in (a) the seven year old age group and (b) the eleven year old age group (the latter age group grading test being chiefly concerned with the suitability of the candidates for admission to Grammar or Secondary Modern Schools). Details of children in each age group not attaining a determined standard are passed to the School Medical Officer, and each child is given a physical and mental examination by the Assistant School Medical Officers, so that the appropriate type of education may be recommended to the Director of Education. In 1949, this entailed the special examination of 112 children in the seven year old age group and 144 children in the eleven year old age group.

In many cases, children requiring special educational treatment attend ordinary schools because, as reported in previous years, the number of vacancies in Special Schools

is lamentably small. As far as educationally sub-normal children are concerned, this inadequacy is particularly marked, and it is almost impossible to place children in Residential Special Schools.

There are no Special Schools in this County, except the W. J. Sanderson Orthopaedic Hospital School, Gosforth, but special classes for educationally sub-normal pupils are held in some of the County Primary Schools in the urban areas.

For some of the physically handicapped pupils who are unable to travel to an ordinary school, it has been possible to arrange home tuition. This is a provision which is much appreciated by the parents but, while it is certainly of great benefit, it does not fulfil adequately the needs of the child as provided for in a Residential Special School where he would meet children similarly handicapped and experience that competition in effort which is so essential to progress in school life.

The number of handicapped pupils maintained in Special Schools at some time during the year 1949 is given below :—

Special School.	Boys.	Girls.
W. J. Sanderson Orthopaedic Hospital School, Newcastle	36	45
Northern Counties Institution for the Deaf and Dumb, Newcastle	14	18
Royal Victoria School for the Blind, Newcastle	2	4
St. John's Institution for the Deaf and Dumb, Boston Spa	1	2
Yorkshire School for the Blind, York ...	1	1
Preston School for the Partially-sighted, Preston	1	—
Royal Eastern Counties Institution for the Mentally Defective	1	—
Besford Court Mental Welfare Hospital, Besford	2	—
Beacon Residential School, Lichfield ...	1	—
Epileptic Colony, Lingfield	2	—
Dinsdale Park Special School, Durham ...	1	—
Bradstock Lockett Hospital School, Southport	—	1
Etherington Hall Special School, Tunbridge Wells	—	1
Liverpool Open Air Hospital for Children, Leasowe	1	—
Stanmore Cripples' Training College, Stanmore	1	—
Pontville R.C. Special School, Ormskirk, Lancs.	2	—
St. Vincent's Orthopaedic Hospital, Pinner ...	—	1
St. John's Open Air School, Chigwell ...	1	—
St. Joseph's Heart Hospital, Rainhill, Liver- pool	—	1
Total ...	67	74.

Two hundred and twenty-three ascertainments were carried out by the Assistant School Medical Officers during the year 1949 compared with 220 in 1948. Details of the number of children placed in each category are as follows :—

Category.	Number of Children.
(a) Blind	1
(b) Partially-sighted	3
(c) Deaf	5
(d) Partially Deaf	3
(e) Delicate	8
(f) Diabetic	1
(g) Educationally Sub-normal	161
(h) Epileptic	4
(i) Maladjusted	4
(j) Physically Handicapped	25
(k) Defective Speech	—

There were also eight children found to have dual handicaps as stated below :—

Categories.	Number of Children.
Deaf and Physically Handicapped ...	1
Educationally Sub-normal and Epileptic	2
Educationally Sub-normal and Physically Handicapped	2
Educationally Sub-normal and Defective Speech	3

CHILD GUIDANCE.

As in 1948, children referred for Child Guidance by the Assistant School Medical Officers were seen at the Sunderland Child Guidance Centre by arrangement with the Sunderland Education Authority.

Thirty-one children were referred to the Centre during 1949, which is fewer than the number referred in the previous year. Unfortunately, the waiting list at this Child Guidance Centre is increasing and it takes longer for a child to be seen, from the time of the original reference, than was the case in 1948. Twenty-four County children and seven Wallsend children received treatment during the year.

Preliminary investigations are carried out by the Assistant School Medical Officers and Health Visitors, and a report on the child's scholastic attainments and conduct at school is made by the Head Teacher. This entails considerable

work but, with few exceptions, the parents co-operate very well and the results obtained make the ground work well worth while.

Children are referred on account of misdemeanours such as petty thieving, stealing, lying, truancy, and also for enuresis. The number of children referred on account of nocturnal enuresis is increasing, though it is probable that parents, realising that treatment can be obtained, bring it to the notice of the Assistant School Medical Officers more readily. The results of the treatment of this particular complaint are most gratifying.

In addition to the arrangement with the Sunderland Child Guidance Centre, several children were seen at the Department of Psychological Medicine at the Royal Victoria Infirmary and at the Psychiatric Clinic held at the Morpeth Cottage Hospital, but these Clinics are only used for consultation and diagnosis and if treatment is required the children are referred to Sunderland Child Guidance Centre.

MINOR AILMENTS.

During the year under review Clinics were held at Alnwick, Blyth, Cramlington, Dudley, Forest Hall, Gosforth, Guide Post and Hexham. In addition, facilities were available at Ashington and Minor Ailments were treated at the Brown Rigg Camp School, Bellingham.

These Clinics were visited at frequent intervals by the Assistant School Medical Officers for consultation, but the main treatment was carried out by the Health Visitors who were in attendance much more frequently. At the Blyth and Gosforth Clinics, the Health Visitors were in attendance on each morning of the week. There was a further decrease in the total number of attendances compared with the previous year and this may be due to the fact that free treatment can now be obtained elsewhere under the National Health Service Act, 1946, and many parents prefer to visit a hospital if it is in close proximity to their homes. Although the attendances at these Clinics have decreased during the past two years, the number of children brought by their parents to be seen by the doctors showed a considerable increase and proved that these Clinics serve a very useful purpose and form an essential part of the School Health Service.

The following table shows the number of attendances and consultations at these Clinics during 1949 :—

			Attendances.	Consultations by Assistant School Medical Officers.
Alnwick	...	...	9	—
Blyth	...	...	5,145	958
Cramlington	...	...	160	15
Dudley	...	...	441	16
Forest Hall	...	...	101	—
Gosforth	...	...	597	299
Guide Post	...	...	2	—
Hexham	...	...	230	—
			<u>6,685</u>	<u>1,288</u>

INFECTIOUS DISEASES.

During the year under review the School Health Service continued to co-operate in the control of infectious diseases amongst school children. The Assistant School Medical Officers paid frequent visits to schools affected by an outbreak of infectious disease to advise the teachers as to what steps should be taken to minimise the spread of infection.

After the outbreak of scarlet fever at the Brown Rigg Camp School, Bellingham, towards the end of 1948, arrangements were made for the examination of throat and nasal swabs from all pupils entering this Camp School at the beginning of each term. This procedure was continued during 1949 and has proved to be a worthwhile precautionary measure.

In the course of periodic medical inspection, the number of children examined who have been immunised against diphtheria or vaccinated against smallpox is recorded. In 1949 this record showed that 14,825 children had already been immunised and 5,189 vaccinated. The percentage of children already immunised was slightly lower than in 1948, being 88.8 compared with 90.7.

The percentage of children already vaccinated was 31.1 and showed a slight decrease compared with the previous year, when the percentage was 32.2.

The percentage of children found to be already immunised or vaccinated when examined at school medical inspection during the past six years is given in the following table :—

Year.	Percentage Immunised.	Percentage Vaccinated.
1944	83.9	31.5
1945	83.4	28.0
1946	78.3	32.5
1947	89.8	34.8
1948	90.7	32.2
1949	88.8	31.1

DENTAL INSPECTION AND TREATMENT.

(Report by Mr. A. E. Robinson, F.D.S. R.C.S.,
Senior Dental Officer.)

Staff.

During the year under review, the problem of obtaining additional dental officers to fill the vacancies caused by three resignations remained unsolved, and the constant difficulty was to retain the existing staff. In consequence, a serious position arose as there were no officers to serve the Alnwick area, which has a school population of 3,277, and part of the Ashington area with a school population of 2,905 children. The mobile dental trailer serving the Alnwick area had to be laid up and one of the surgeries at Ashington closed. As an emergency measure, the dental officer from the Bedlington area attended at Alnwick clinic for two half-day sessions each week to carry out treatment for maternity and child welfare patients, and it was possible to deal with school children who needed urgent treatment during these sessions ; this officer had, however, to provide treatment for a school population of 3,709 in his own area.

In December, the dental officer in the Bedlington area gave three months' notice to terminate his appointment, and the staff situation deteriorated still further.

Three of the dental officers have to provide treatment for school populations of over 5,000 children in each of their areas, as well as maternity and child welfare patients, which requires at least two half-day sessions per week. This number is much greater than the optimum, and the ideal of examining every school child once per year and providing such treatment as may be necessary seems more unattainable than ever.

It is gratifying, however, to note that in spite of the loss of staff, the volume of work done in the County has been maintained on a level substantially the same as that of the preceding year. So far as Wallsend is concerned, the striking increase in conservative work completed as compared with the previous year is most heartening.

In an effort to stop the drift from the School Dental Service, the Education Committee decided, as a temporary measure and pending the negotiation of a National Scale of

Salaries, to grant from 1st April, 1949, an additional payment of £168 per annum, which brought the maximum salary for assistant dental officers up to £1,000. This has not proved effective, however, and vacancies advertised in the *British Dental Journal* and the local press have brought no response.

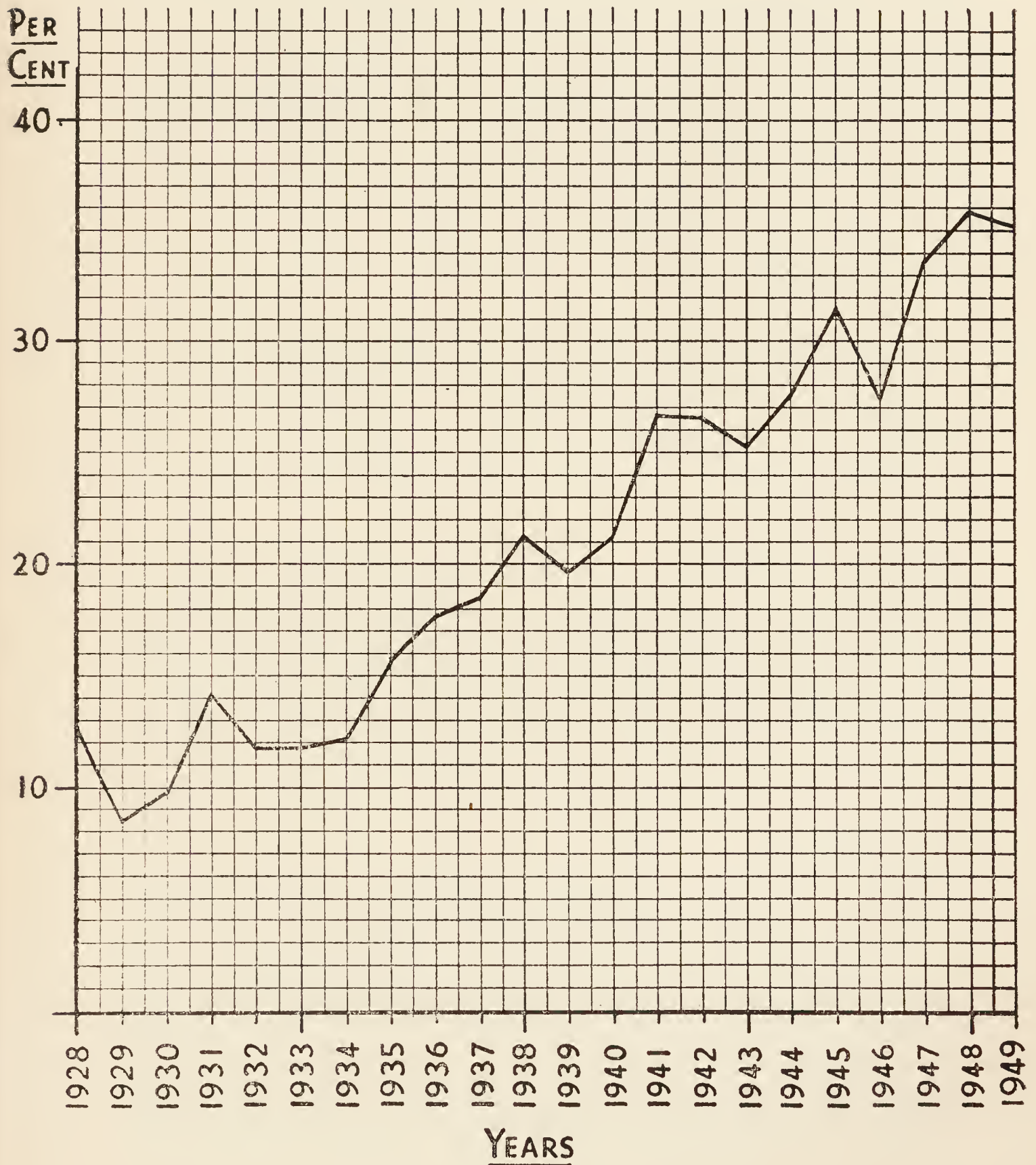
General Observations.

The general condition of the teeth and oral tissues of the County children was much the same as in the previous year. For the first time since 1946, however, there was a slight decrease in the percentage of children found to be dentally fit on examination, a percentage which has shown a steady improvement since 1945. The percentage was recorded as 27.5 in 1946, 33.8 in 1947 and 35.9 in 1948, but it has dropped slightly to 35.2 for the year under review. This decrease is not entirely unexpected as it reflects in some measure the deterioration in the staff position of the Dental Service during the last year. The accompanying graph shows the steady improvement in this sphere since 1927.

SCHOOL HEALTH SERVICE.

DENTAL TREATMENT.

Graph showing percentage of children found to be **Dentally Fit** at routine dental inspections for the years 1928 to 1949 inclusive.



The ratio of fillings to extractions for the years 1947, 1948 and 1949 is shown below, and it is pleasing to note that this continues to improve :—

	1947.	1948.	1949.
Fillings (permanent teeth)	10,760	11,850	11,812
Extractions (permanent teeth)	2,807	2,991	2,471
Ratio	3.83	3.96	4.78

(These figures do not include Wallsend Divisional Executive.)

In addition to the normal routine dental operations a number of special surgical operations were carried out by the Dental Staff during the year. This work included cases of frenumectomy, apicectomy, gingivectomy and a number of cases of surgical removal of unerupted teeth.

X-ray Facilities.

The portable X-ray unit and the machine at Wallsend Health Centre again provided invaluable service, and a further X-ray unit was installed in the surgery at Blyth in July.

One hundred and seventy-four radiographs were taken during the year.

General Anaesthesia.

The number of children who received dental treatment under general anaesthesia was 2,432 compared with 2,390 in 1948, an increase of 42. Of the former number, 2,172 general anaesthetics were administered by the dental officers, using gas-oxygen apparatus, and 260 were given by general medical practitioners for cases of special urgency.

Equipment.

Since the end of the war many of the fixed clinics and some of the mobile trailers have been re-equipped and the general standard vastly improved. During the year under review, four electric engines were installed in dental trailers and suitable plugs and points provided in schools where electricity was available. Two new dental units were fitted in the urban clinics at Blyth and Gosforth. These units have been greatly appreciated by the dental officers concerned and have done much to improve the status of these clinics in the eyes of the general public.

Orthodontia.

Two hundred and fifty-five cases for the correction of irregularities of the teeth were completed by the use of orthodontic appliances and 403 cases were treated by extraction during the year. The corresponding figures for 1948 were 207 cases completed by appliances and 156 cases treated by extraction; the increased number of cases treated is worthy of note. Considerable help has been given by the Children's Department of the Newcastle upon Tyne Dental Hospital in the matter of diagnosis and line of treatment to be adopted in some of the more difficult cases undertaken by the School Dental Service. For this help I should like to express my thanks to the Hospital staff.

There have been more requests than ever from parents for this type of treatment, and only the shortage of staff prevents a great development in this important branch of the work.

In addition to orthodontic appliances, 96 partial dentures and a small number of crowns and inlays were provided for school children during the year. An obturator was made for a child with a cleft palate and this work was carried out in the County's dental laboratory.

Health Education.

Talks on dental health were given and the colour film of the County's Dental Services was shown to various organisations, including Townswomen's Guilds, Women's Institutes, Schools and Child Welfare Centres, together with films dealing with dental hygiene and other health matters which were obtained from the Dental Board of the United Kingdom and the Central Film Library. These talks and film shows were greatly appreciated by those who attended.

The average acceptance rate for the whole County was 82.9 per cent., which is satisfactory. Only in the Blyth area was the acceptance rate low, viz., 58 per cent., and it would appear that there is scope in this area for education on dental health. It is intended to develop this service so far as time and opportunity permit.

In conclusion, I should like to record my thanks for the help and co-operation afforded by the teaching staff throughout the County.

GENERAL CONDITION.

The assessment of the general condition of the children examined at periodic medical inspection revealed a most satisfactory state of affairs. Only a very small proportion, less than 3 per cent., of the pupils examined were found to be of poor general condition. The following table is a record of the findings :—

Category.	Percentage.
A (Good)	42.7
B (Fair)	54.4
C (Poor)	2.9

These percentages are comparable with those of 1948 and 1947, when these categories were introduced, as is shown by the following table :—

Year.	Category.	Percentage.
1947	A (Good)	52.6
	B (Fair)	44.6
	C (Poor)	2.8
1948	A (Good)	50.6
	B (Fair)	46.5
	C (Poor)	2.9
1949	A (Good)	42.7
	B (Fair)	54.4
	C (Poor)	2.9

There can be little doubt that the general condition of the school children is most satisfactory, as is indicated by the constant very low percentage of children found to be of poor general condition. The continued expansion of the schools meals service is making a valuable contribution towards the maintaining of the high standard of general condition.

PROVISION OF MEALS.

The Director of Education has kindly sent the following report relative to the provision of meals in schools :—

SCHOOL MEALS SERVICE.

Year ending 31st December, 1949.

During the year 25 kitchens were opened serving 26 schools ; of these, 7 were independent kitchens at schools that had previously received a transported meal from a Cooking Depot.

There are now 296 schools serving a midday meal, 159 schools have their own kitchen, and 137 receive meals from 17 central kitchens.

Thirty-six kitchens to serve 40 schools should open in 1950 or early in 1951.

The ban on building for the School Meals Service in consequence of the national economy measures has resulted in the postponement of the plans for kitchens at the 12 remaining schools without meals, and the schemes for the provision of independent kitchens for many schools now being served from a Cooking Depot.

PHYSICAL EDUCATION.

The report on Physical Education has been prepared by the County Organisers for this subject. The co-operation between the Organisers and the School Health Service staff continued, and this happy liaison between those most closely associated with the health of the school child is reflected in increased alertness and improved posture.

REPORT ON PHYSICAL EDUCATION FOR 1949.

The year 1948-49 has been one of purposeful activity throughout the schools. A broader outlook on Physical Education and a consolidation of the informal approach in the teaching are the two outstanding features of the work. Co-operation from the teachers has been generally wholehearted in the effort to understand the changing outlook towards Physical Education—a none too easy task for the older teacher. It is with intense pleasure that I recall this willing co-operation.

Organising Staff.

Miss Buchanan left the staff in May to take up duties at Alnwick Training College, and Miss Jacques took up full-time work in the County. The work is now apportioned between three full-time Organisers — Mrs. Iceton, Miss Jacques and Miss Morgan, a fact which will facilitate the administration all round.

School visits have been maintained by the Assistant Staff on the average of six classes per day, with the daily lesson, games, dancing and swimming, and all teachers have been visited twice or thrice during the year.

Analysis of Visits.

Miss JACQUES :—

Two days Tynemouth from September, 1948—
March, 1949.

Three days County (Wallsend and Blyth).

Five days County, from May, 1949—July, 1949
(Wallsend and East Coast Area to Berwick).

Teachers seen	...	...	...	625	
Lessons seen :—Daily Lesson	...	...	...	548	
	Games	...	...	260	
	Dancing	...	...	278	
					1,086

Miss BUCHANAN :—

Two days County.

Three days Berwick Grammar School (from September, 1948—May, 1949) (Berwick area).

Teachers seen	...	...	...	109	
Lessons seen :—Daily Lesson	...	...	...	95	
	Games	...	...	56	
	Dancing	...	...	26	
	Swimming	...	...	4	
					181

Miss MORGAN :—

Five days County.

Teachers seen	...	...	...	913	
Lessons seen :—Daily Lesson	...	...	...	714	
	Games	...	...	190	
	Dancing	...	...	208	
					1,112

The work of the Senior Organiser has included visits to schools in all areas, all Secondary Grammar and Secondary Modern Schools, swimming instruction, organisation of games, rallies and athletic meetings, training courses for teachers and youth leaders, recreational youth group supervision, supervisory and advisory visits to Women's Institutes and Adult Groups, talks to Parent Teachers' Associations and King's College students.

During the year various instructional pamphlets drawn up by the Organising Staff have been issued to teachers on the material for the daily lesson (Infant, Junior and Senior work), showing progressions in teaching, and the pamphlet on classroom work for schools with little or no space has been revised.

Teachers' Courses (Sessional).

These have been organised in Prudhoe, Haltwhistle, Blyth, Berwick, Alnwick and Wallsend to provide material for the daily lesson and to demonstrate teaching method.

Youth Leaders' Courses.

At the request of the Youth Organiser, training of youth leaders in Scottish and Border dancing was given in Guide Post Modern School. Where it has not been possible to provide a leader to give instruction in dancing, occasional visits have been paid to youth groups (e.g., Thropton) and adult groups (e.g., Otterburn and Hepple) in order to give them sufficient instruction to carry on in the meantime.

Recreational Classes.

This branch of the work, that of supervisory visits to recreational classes, has been undertaken most willingly by the staff, though it has frequently meant long hours of duty and long journeys.

Apparatus, Clothing, etc.

The year has seen the inspection by Spencer, Heath & George (a firm of gymnasium equipment experts) of the fixed apparatus in eleven Grammar and Modern School gymnasia, and the portable apparatus in six others, with a view to repairs. Next year it is hoped to complete this repair work in the remainder. It is my firm conviction that junior schools should also have gymnasia, with modified apparatus, as senior girls very often find agility work on

apparatus difficult with no preliminary groundwork. With the introduction of fixed playground apparatus in tubular steel, much of the ground work of agilities in preparation for the senior department could be laid.

On the whole, the teaching staff of schools have realised the importance of maintaining a good supply of small apparatus, which has been well kept, very often in inadequate circumstances. Rural schools in particular suffer from lack of storage space though a good number of these schools have improvised rough portable boxes. This year has seen the requisitioning of more small and large apparatus, though this is curbed by fantastic costs, particularly on the athletic side. The solution for this problem at the moment appears to be in neighbouring schools sharing athletic apparatus.

Swimming.

This branch of the work continues as a vital part of education in those schools which are able to use local facilities, i.e., Ashington (bath), Gosforth (Newcastle baths), Berwick (sea pool), Whitley Bay (sea pool) and some rural schools in dammed streams. The standard of teaching is good, and it is to the credit of these keen teachers that the work is so enjoyable to the children.

Games.

As in past years, the usual inter-school and inter-house matches have been arranged in netball, rounders, tennis, hockey, football (Boys' Primary) and cricket. Winners of areas travelled to Gosforth to play the finals in rounders and netball, tremendous interest being shown, particularly by the rural schools. These rallies, for which no rewards of any kind are given, are the direct outcome of the ordinary weekly games lesson on the time-table.

This year inter-school hockey was extended to the Secondary Modern and certain All-Standard Schools; six schools were represented at a rally at Whitley Bay Grammar School in December, the winners being Seghill County Primary. This game is taking a tremendous hold in these schools, which have hitherto only tackled netball as a major game. These girls, on leaving school, are meeting Grammar School girls on the same level.

During the year schools have had the opportunity of watching a North XI versus the United States at hockey ; North versus Midlands at hockey ; Northumberland versus a Scottish Seven at netball, and at the invitation of the County Hockey Association, of being coached by an All-England coach—the first to be appointed.

The All-England Lawn Tennis Association has shown films and lectured, free of charge, to invited schools.

One Grammar School—the only one employing a fully-trained gymnast—has begun to play cricket with enthusiasm.

Athletics.

A very pleasing year's work is to be reported in this branch of the work—a tremendous impetus being given by area meetings throughout the County—culminating in a County Rally at Gosforth. There is much more to be done, however, in the acquisition of apparatus and the coaching of technicalities peculiar to, say, hurdling.

Through the generosity of the Education Committee, we were able to take a party of competitors to the Inter-County Athletic Meeting held on 23rd July, at Carshalton, Surrey. The smallest County contingent there among 1,300 children, the competitors nevertheless acquitted themselves well, five of them appearing in finals, one boy (under 15) winning the 880 yards, a senior girl (over 15) being placed third in throwing the javelin. A most pleasing finale to the year's activities.

MISCELLANEOUS.

In addition to the routine of periodic medical inspection and the work which has already been reported, the Assistant School Medical Officers attended Child Welfare Centres, situated in the areas for which they are responsible for the purposes of school medical inspection, on behalf of the Maternity and Child Welfare Sub-Committee. They also examined children referred under the Children and Young Persons Acts with a view to determining whether or not they were suitable for admission to an Approved School. The examination of children on whose behalf application had been made for them to take part in entertainments was also undertaken by the School Health Service staff.

As in previous years, the Officers of the National Society for the Prevention of Cruelty to Children rendered valuable assistance to the School Health Service and their willing co-operation is greatly appreciated. Their visits to homes, where the alleged neglect of the children had been reported, had most satisfactory results and invariably brought about a change in the attitude of the parents which was reflected in the improvement of the home conditions.

It is a pleasure to record the willing co-operation of the Head Teachers, their staffs and the School Attendance Officers with the staff of the School Health Service. The progress of the School Health Service during the year under review is due in no small measure to their unceasing efforts on behalf of the school children under their care.

EXTRACT OF REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS.

Report by Dr. William W. Burnett.

At the periodic medical inspections it has been a pleasure to have many of the parents present and to note their gratification to have advice or reassurance about their child's health. It has been obvious, however, how true it is that the adolescent dislikes to "own" parents, and it has been a fact that the examination at the leaving age (14-15) has been least well attended by parents. This is disappointing as often advice has to be given as much at this age as at any other. The school nurses, of course, visit homes when necessary.

Defects found at inspections are noted for observation in the usual way, or for treatment through the private medical practitioner or specialist. Unfortunately in the Blyth area there has been a marked increase in the number of children with ringworm of the scalp, so much so that the disease is of epidemic importance. (It is good to report that as yet there has only been the odd case in neighbouring Bedlingtonshire.) The disease began to spread rapidly last March, and the following table shows the number of boys and girls excluded from school since that time. Of

those, 64 boys and 10 girls have been cured and have returned to school :—

Age.	Boys.	Girls.
2 } 3 } 4 }	16	10
5	32	4
6	26	6
7	20	4
8	13	8
9	20	7
10	16	—
11	20	1
12	5	—
13	2	—
14	2	—

As will be seen there have been only 16 boys and 10 girls known to be infected before entering school at the age of five. Possibly this may be partly due to the parents of such children seeking private advice, but most private doctors have been sending their cases to the School Clinic, where Dr. Sydney Thompson, the Dermatologist, gave expert advice. There is no doubt, however, from these figures that ringworm is spread mostly by children mixing at school, especially between the ages of five and eleven years. At school, infected hairs falling from diseased scalps are readily passed (1) from one pupil's clothes to another in the cloakrooms and in the classrooms, and (2) by physical contact in play. Similar chances of contact are available in cinemas, baths and at the hairdressers, but it seems that since children between 5 and 11 years of age spend most of their time in close contact at school, it is there that the greatest danger of being infected exists. Children approaching puberty have figured less in our statistics because it is known that the hairs at puberty and beyond have developed some substance inimical to the growth of the ringworm fungus. As for the sex difference, girls are less prone to the infection because their long hair tends to prevent infectious loose hairs from another pupil reaching the skin of the scalp near a hair follicle.

Children infected by ringworm have been brought to notice by private doctors, by school teachers, and by the school nurses, whose conscientiousness and vigilance in the schools have enabled many cases to be diagnosed. All pupils with ringworm are excluded until cured, and are supervised after their apparent cure. In addition, in an effort to prevent the spread of the ringworm epidemic,

the co-operation of Dr. A. G. Newell, the Medical Officer of Health for Blyth and of Dr. A. Donaldson, the Area Executive Medical Officer, was obtained, and letters of explanation and warning sent to cinemas, hairdressers and notices were displayed at baths. Local cinemas showed a slide inviting parents to dissuade their children congregating in crowds. Notices have been sent to parents of Blyth children, through the Head Teachers' good services, drawing attention to the need for care to prevent spreading of the disease.

Treatment has been supervised by Dr. Thompson. All contacts in a family have been examined. Cases have been treated by ointment alone or by epilation of the scalp hairs plus ointment, whichever was advised. In the middle of December, through the co-operation of the Newcastle upon Tyne Regional Hospital Board, a start was made with epilation of the scalp at the Newcastle General Hospital. The loss of school time through exclusion from school has been a serious matter, and it is well known how long it takes to cure ringworm. It is confidently expected that epilation by X-rays, followed by ointment therapy, will greatly decrease the length of time pupils will be excluded from school. It is to be mentioned, of course, that parents are advised that only removal of hair is the best method of cure, and they themselves decide whether or not to accept this treatment. In point of fact, it has been proved by authorities that there is little risk of complications following epilation.

Exclusion from school seems to have been justified by (a) the fact that there has been only an odd case in the adjoining Bedlington area even though children from each area must mix, and (b) the fact that there have been so few cases under 5 years of age. If infection took place mainly outside of the school, one would think that Bedlingtonshire would in nine months have become as equally infected as contiguous Blyth, and that small children who play together a great deal before coming to school would be as affected as the older children. The fact seems to be that infection by diseased loose hairs is spread much more easily in the school environment of very many youngsters mixing in a small area, hence the need for exclusion.

The majority of defects found at school inspections have, as usual, proved to be defects in visual acuity and diseased tonsils and adenoids. In both the areas of Bedlingtonshire and Blyth there are few children awaiting advice and pre-

scriptions from the Ophthalmologists, but unavoidably there is a long waiting list for operation for the removal of tonsils and adenoids. The length of time pupils have to wait for glasses is also disturbing but unavoidable. It is necessary, however, to comment on the lack of care shown by children and parents when the glasses are provided. In many cases, in spite of specialist advice, the glasses are actually not worn because of some vague personal foible, and in other cases no care is taken to avoid accidents and breakages. The clothing and footgear in the Blyth and Bedlington areas was fairly satisfactory, although cleanliness of the body left much to be desired. Many pupils, especially at the 10 year old level, have inadequate underclothing, and boys were often seen without underpants. This, of course, shows a sheer lack of personal hygiene. In girls, more especially than in boys, was unsatisfactory footwear found. The fashion of the moment had been followed and regard for the function of the foot ignored. The continuous wearing of sandshoes, court shoes with high heels and "fashionable" sandals has been the craze among girls.

School premises have not always been found satisfactory, but in the present national circumstances little can be done to alleviate often overcrowded out-of-date school buildings with inadequate cloakroom, lavatory and changing room accommodation.

It is frustrating to find there is no accommodation provided for those pupils found in Bedlington and Blyth to be sub-normal in intelligence and needing special teaching.

In spite of the above criticisms of facts of perhaps secondary importance but which mar the ideal of perfect health, it has been uncommon to find gross defects such as heart, lung or spinal disease, and I have pleasure in reporting that in the areas of Bedlingtonshire and Blyth the health of the school child has been satisfactory.

Report by Dr. Mary W. Dewell.

The salient impressions I have noted this year have been :—

- (a) The high level of nutrition of the children examined.
- (b) This high level of nutrition does not protect against the frequency and, in some cases, the severity of colds and coughs. Looking for a cause for this susceptibility to colds, I can find no evidence that inadequate intake of any

of the vitamins is a factor. Indeed, in many cases, children who suffer from recurrent colds have been receiving large doses of extra vitamins in various forms and combinations.

The impression is that the incidence of colds is largely a matter of a rapid spread through class and school. This spread is, I think, aided by the fact that the young child does not, as a rule, complain of aches and pains and may say he is quite well while in the most infective stage of an acute coryza. In infant classrooms and at school dinners, I find children facing each other across a narrow table, a seating arrangement which probably increases risk of spread of infection.

(c) A change in the incidence of skin diseases has been noted. While scabies is practically non-existent and skin sepsis greatly reduced, there appears to be a higher incidence of allergic manifestations especially urticaria papulosa. This latter condition is at times so troublesome that it interferes with the well-being of the child. From observation it seems that inadequate sleep and emotional stress are predisposing factors. The parent of the child usually traces the immediate cause of the eruption to the ingestion of fruit.

(d) Asthma, though perhaps not so frequent in incidence as the allergic skin conditions, causes much more distress and in certain cases interference with school attendance. It is unfortunate that the asthmatic child is so often labelled as such, and I would suggest that the use of the word asthma be avoided and that treatment, such as regular instruction and supervision of breathing exercises, be arranged at some place away from any association with hospital and suggestive of health rather than of disease, the term "asthma clinic" to be superseded by some other more suitable term.

(e) Clothing and footwear has improved considerably, but there is still a tendency to overclothe the chest with anything from four to eight layers while leaving the greater part of the thighs and knees exposed to the cold.

(f) Co-operation of parents has been excellent.

Report by Dr. Edna T. Everdell.

Nutrition of school children everywhere is being maintained at a good level and gives no cause for anxiety.

The favourable decline in cases of scabies from the alarming proportions of the war years to the odd cases of the last two years is as noticeable in East Northumberland and the country districts I have taken over, as it was in South Northumberland. Impetigo seems to be less prevalent also. The sore bodies and crusted heads one sometimes had to treat are no more to be encountered.

As far as school children are concerned, I feel that the National Health Service has been something of a disappointment so far. Throughout the year I have been weary of hearing mothers complaining at the long delays in the removal of tonsils and the provision of spectacles. It is rather touching to find that they think the School Health Service is all powerful as regards the interests of children and that a word from me can cause any hospital to open its doors and any optician to bring forth a pair of spectacles next week. It is most frustrating and annoying to have to tell them that there is practically nothing I can do to help them, but I have a word of praise for the comely spectacle frames the children are provided with under the new scheme. One can only hope that in due course other improvements will follow.

Report by Dr. Enid L. Hughes.

(1) *The Children*.—These are on the whole well-grown and well-nourished, and especially healthy after this good summer. Four outstanding conditions have struck me during this work :—

- (a) Posture.—Throughout the schools in this area the posture in all age groups needs improving. It is especially poor in the older boys and girls, many of whom have round shoulders, poking heads, and whose habitual posture walking about the school is slovenly and slouchy.
- (b) Running Ears.—In too many homes this is not taken seriously. Earache is not treated as a danger sign, the attitude is apt to be “as soon as it runs he gets ease,” and medical attention is not sought in time. The child’s ear runs intermittently over many years with little attention. The number of these disasters should be reduced, first by an appreciation by the parent of the importance of the condition, and also by the teacher keeping a look-out for those whose ears are plugged with cotton wool or which are frankly running, as well as the deaf children, who are readily noticed and referred by teachers.

The incidence of untreated running ears has varied a good deal from district to district.

- (c) The neglect of Tooth Cleaning especially among the 14 year old boys has been noted. Fourteen year old girls have begun to taken an interest in themselves, and some sort of tooth cleaning is done by about half of them. Among the boys, neglect of their gums is almost complete. A rough average of 2 per cent. at this age clean their teeth. The result is a great deal of inflammation of the gums of varying seriousness.
- (d) Use of Spectacles.—I am appalled at the number of children who, needing glasses, and provided with them, leave them at home or lose or break them. The delay in the actual obtaining of glasses is sufficiently bad in itself, but when the glasses have been obtained a very great number of children (especially in the 10-15 year group) refuse to wear them, or lose or break them.

The size which the problem may attain is indicated by figures obtained at a recent visit to a Modern School, where out of 56 children provided with glasses, 23 were not wearing them (i.e., 41 per cent.).

(2) *The Parents*.—In the details given above, instances have been given where the parents have failed to recognise the importance of certain conditions, but my chief impression of the parents is of their co-operation and keenness. In the younger age groups a large number of them attend at their children's medical inspection. In the 14 year group, however, they are seldom present (the children think themselves too grown-up to need them). This is a great pity, as at this examination the child's future work and the relation of his health to it, should be discussed. Very often the mother needs reassurance that the child is able to do more than perhaps she feared. Very often habits such as those relating to posture and dental care still need correction.

(3) *The Buildings*.—I am very concerned at the variable standard of cleanliness in the schools and their lavatories. It is a travesty of medical care to have a doctor visiting children in a dirty and dusty school. In those schools in which the Head Teacher makes a daily inspection before school routine commences, the cleanliness has been very good, and the children do not so easily adopt dirty habits.

(4) *The Teachers*.—I would like to record my own tribute to the interest and devotion of the teachers and their readiness to give special care to difficult and delicate children.

Report by Dr. Anna M. Reid.

One of the most striking features we had during the Autumn of 1949 was the absence of head colds and catarrhal conditions of the upper respiratory tract and the complete clearing-up of previous cases of the latter. It seems likely that this was to a great extent the result of the long spell of dry warm weather.

The general condition of the children in all age groups was remarkably good at this particular period.

As previously experienced, when a new school canteen became operative, and this applies particularly to the smaller rural schools in my area, the children showed an alertness and increase in vigour during the afternoon sessions at school.

Cases of scabies have become practically non-existent during 1949 in my area. In children who normally are given the opportunity for adequate sleep the most frequently complained of cause of disturbed sleep is generalised urticaria during the summer months.

A very marked and growing interest in the condition of their children's feet has been shown by the parents in both urban and rural areas alike. They are anxious to get advice on footwear and whether or not there is any foot defect.

The most common type of bed wetting (and this is very frequently complained of) appears to be that of the child who is a deep sleeper and fails to wake in time in the very early morning.

The general condition and attitude of the Displaced Persons' children (Polish, Latvian, Lithuanian, etc.) is remarkably good and compares very favourably with our children.

There are 14 cases of Mongolism aged 2-15 years known to me in my area.

Broadly speaking, during 1949 the 10 year old group of girls have impressed me by their good general development.

On questioning hundreds of children individually, the great majority say they possess tooth brushes but fail to use them with any regularity whatever.

The habit of nail biting is deplorably prevalent in all age groups and both sexes ; it probably starts in many cases owing to the child having ragged cuticles. I think there is a lack of propaganda on this matter, and I have never seen an arresting poster on the subject for display in the schools or clinics.

Among the more unusual cases met with during the year I would mention :—

A very intelligent girl of $3\frac{1}{2}$ years, whose mother had rubella early in the pregnancy, was reported as being too deaf for education in an ordinary school, is suffering from the more uncommon type of low-tone deafness.

A girl of 5 years, with the most severe degree of muscular paralysis, remaining after acute poliomyelitis in 1947, that I have yet seen.

A boy of 10 years with ichthyosis of the upper trunk and arms, the most severe I have yet seen.

A girl of 14 years, whose parents persistently refused treatment for years, this year decided to have an operation at the W. J. Sanderson Orthopaedic Hospital for severe torticollis. In a very short time after treatment her whole attitude to life changed. She has gained self confidence and has become co-operative and sociable at school.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1949.

NORTHUMBERLAND.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	6,204
Second Age Group	...	...	...	...	...	5,252
Third Age Group	...	...	...	...	...	4,307
Total						15,763
Number of other Periodic Inspections	...	...	...	...	...	922
Grand Total						16,685

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	11,490
Number of Re-Inspections	...	...	...	...	10,105
Total					21,595

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	34	908	938
Second Age Group ...	449	664	1,075
Third Age Group ...	324	396	702
Total (prescribed Groups) ...	807	1,968	2,715
Other Periodic Inspections ...	93	121	209
Grand Total ...	900	2,089	2,924

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4	Skin	285	207	434	82
5	Eyes—				
	(a) Vision	900	914	591	399
	(b) Squint	221	242	132	129
	(c) Other	88	90	54	29
6	Ears—				
	(a) Hearing	59	101	40	35
	(b) Otitis Media	68	83	59	41
	(c) Other	16	8	13	17
7	Nose or Throat	619	1,224	415	435
8	Speech	38	151	38	72
9	Cervical Glands	27	290	10	90
10	Heart and Circulation... ..	46	309	28	105
11	Lungs	127	417	68	129
12	Developmental—				
	(a) Hernia	26	74	17	16
	(b) Other	34	122	15	40
13	Orthopaedic—				
	(a) Posture	79	157	9	30
	(b) Flat foot	143	172	38	53
	(c) Other	210	316	78	88
14	Nervous System—				
	(a) Epilepsy	9	17	12	14
	(b) Other	5	34	9	35
15	Psychological—				
	(a) Development	6	162	74	213
	(b) Stability	7	32	2	30
16	Other	202	428	128	298

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN
THE AGE GROUPS.

Age Groups. (1)	No. of Pupils Inspected. (2)	A (Good).		B (Fair).		C (Poor).	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2. (8)
Entrants	6,204	2,480	40.0	3,549	57.2	175	2.8
Second Age Group ...	5,252	2,066	39.3	3,002	57.2	184	3.5
Third Age Group ...	4,307	2,184	50.7	2,030	47.1	93	2.2
Other Periodic Inspections...	922	394	42.7	493	53.5	35	3.8
Total	16,685	7,124	42.7	9,074	54.4	487	2.9

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	116,316
(ii) Total number of individual pupils found to be infested ...	4,774
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2,114
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Table V).

	No. of Defects treated, or under treatment, during the year.
(a) Skin :—	
Ringworm—Scalp—	
(i) X-ray treatment	17
(ii) Other treatment	198
Ringworm—Body	43
Scabies	42
Impetigo	181
Other skin diseases	88
Eye Disease	91
Ear Defects	194
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	704
Total	1,558
(b) Total number of attendances at Authority's Minor Ailments Clinics	6,685

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—Group I).

	No. of Defects dealt with.
Errors of refraction (including squint)	2,756
Other defect or disease of the eyes (excluding those recorded in Group I)	222
Total	<u>2,978</u>
Number of pupils for whom spectacles were—	
(a) Prescribed	2,289
(b) Obtained	1,283

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total No. treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	523
(b) For other nose and throat conditions	23
Received other forms of treatment	52
Total	<u>598</u>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	79
(b) Number treated otherwise, e.g., in clinics or out-patient departments	1,471

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY.

Number of pupils treated—	
(a) Under Child Guidance arrangements	24
(b) Under Speech Therapy arrangements	191

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic age groups	17,628
(b) Specials	1,783
(c) Total (Periodic and Specials)	<u>19,411</u>
(2) Number found to require treatment	12,573
(3) Number actually treated	12,135
(4) Attendances made by pupils for treatment	25,151
(5) Half-days devoted to—	
(a) Inspection	187
(b) Treatment	3,853
Total (a) and (b)	<u>4,040</u>

(6) Fillings—

Permanent teeth	...	...	...	...	...	11,812
Temporary teeth	...	...	...	...	...	1,198
Total	...	...	...	...	...	13,010

(7) Extractions—

Permanent teeth	...	...	...	...	...	2,471
Temporary teeth	...	...	...	...	...	17,342
Total	...	...	...	...	...	19,813

(8) Administration of general anaesthetics for extraction ... 1,631

(9) Other operations—

(a) Permanent teeth	...	...	...	...	...	7,373
(b) Temporary teeth	...	...	...	...	...	2,862
Total (a) and (b)	...	...	...	...	...	10,235

REPORT ON THE SCHOOL HEALTH SERVICE IN WALLSEND.

By Dr. O. H. SIUNG, Divisional School Medical
Officer.

I report with satisfaction that during 1949 the total number of 785 school children were examined by the Mass Miniature Radiographic Unit which visited Wallsend area. Of these, none were referred to the Chest Clinic for further examination.

During 1949 the total number of 27 cases of ringworm of the scalp came under the care of the School Medical Department as compared with 25 for the previous year. Arrangements for treatment by X-ray irradiation were in operation during this year, whereby Dr. Ramage of Jesmond undertook to deal with cases. Unfortunately this radiologist retired from private practice during 1949, and in consequence much difficulty was experienced in securing the services of an alternative specialist. In order to minimise the chances of spread of this contagious disease, whole school departments were examined as a routine measure to ascertain cases and foci of infection.

It is with gratification that I report a decline in the incidence of scabies to 21 compared with 37 in the previous year.

On account of the marked incidence of threadworm infestation in Wallsend and the high frequency of toxic symptoms encountered when treating cases with Gentian Violet, a trial was carried out using Benadryl, a drug not previously used against this disease. I am satisfied that toxic side effects were less marked and also the efficiency in clearing up cases was found to be superior to that of Gentian Violet. An article describing this trial appeared in the April, 1950, issue of the *British Medical Journal*.

I regret to record that during the year Mr. Smithson, one of the County School Dental Officers, relinquished his post to engage in private practice ; however, Wallsend was fortunate, through the good offices of the County Dental Service, to secure the services of Mr. Wake in his place. The general experience throughout the country is one of difficulty in maintaining staff to undertake school dental work. So far in Wallsend, we have been able not only to maintain, but slightly to increase the staffing of the Dental Department.

Mr. Donald Brown was appointed during 1949 to the post of Assistant Orthopaedic Surgeon to the W. J. Sanderson Orthopaedic Hospital, Gosforth ; this surgeon replaced Dr. William Mackenzie who previously visited the Wallsend Orthopaedic Clinic at monthly intervals. Mr. Brown managed to increase his attendance at Wallsend to two sessions each month.

Miss S. D. Casebourne, one of the County Physiotherapists, who attended at weekly intervals at the Wallsend Orthopaedic Clinic, resigned to take up a similar post in Sussex. Miss Casebourne during her sojourn in Northumberland showed great interest and enthusiasm in the work of the Orthopaedic Service. She was replaced by Miss J. S. Harris later in the year.

During 1949 the waiting list for treatment of ear, nose and throat cases stood at over 200, and involved a waiting period of approximately 18 months. Treatment for these cases was at a virtual standstill during this year, and it was hoped that the early appointment of an Ear, Nose and Throat Surgeon to deal with this problem would take place in the near future. In fact, Mr. Dalrymple was appointed to commence duties in 1950, and it is expected that through his activities the waiting list will soon be reduced to a manageable size.

The number of children who received primary immunisation against diphtheria was 84 and the number who received re-inoculation was 467, making a total of 551. I am pleased to record that no cases of diphtheria were notified during 1949.

Maladjusted children continued to be referred to the Child Guidance Centre at Sunderland, and the work carried out by Dr. W. Hinds, Medical Officer in Charge, is much appreciated.

Cases of mentally retarded children thought not to be benefiting by the education provided at school are constantly being referred to the School Medical Department for examination. Every effort is being made to carry out appropriate tests, and a suggestion has been put forward to establish special classes in ordinary schools to cater for the needs of these educationally sub-normal children. Advertisements for teachers have been inserted in the education journals for nearly two years now, but it is regretted that difficulty has been experienced in appointing suitable teachers. It has been estimated that approximately 10 per cent. of school children can be classified as educationally sub-normal and, with our present system of progression by age, the educationally sub-normal child soon finds that he is unable to benefit from education under this system. It is sincerely hoped that in the near future the needs of the educationally sub-normal child will be met. In addition, a small number of children have been found to be ineducable. To cater for the needs of this type of case the Northumberland County Council has plans for the establishment of an Occupational Centre in our area. I have no doubt that this project will soon be put into operation.

The number of children who attended the U.V.L. Clinic during 1949 was 131.

Miss E. C. McIntyre, previously employed in the School Medical Department as a School Nurse, has successfully completed her Health Visitor's curriculum in Newcastle. She has now entered the establishment as a Health Visitor and School Nurse.

I should like to take this opportunity of stating that my staff at the Health Centre have been most co-operative and have largely contributed to the successful working of the School Medical Department in 1949.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1949.

WALLSEND DIVISIONAL EXECUTIVE.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	...	...	...	...	...	739
Second Age Group	...	...	...	...	...	...	544
Third Age Group	...	...	...	...	...	...	375
Total							1,658
Number of other Periodic Inspections	...	...	...	...	...	...	123
Grand Total							1,781

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	1,136
Number of Re-Inspections	...	...	...	...	1,004
Total					2,140

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	14	136	146
Second Age Group	57	97	145
Third Age Group	61	83	136
Total (prescribed Groups)	132	316	427
Other Periodic Inspections	11	27	36
Grand Total	143	343	463

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
		(2)	(3)	(4)	(5)
4	Skin	33	28	5	9
5	Eyes—				
	(a) Vision	143	119	207	106
	(b) Squint	21	19	15	14
	(c) Other	12	8	15	2
6	Ears—				
	(a) Hearing	5	14	6	18
	(b) Otitis Media	5	24	24	8
	(c) Other	2	2	5	12
7	Nose or Throat	102	166	295	80
8	Speech	7	22	21	7
9	Cervical Glands	—	15	1	12
10	Heart and Circulation	2	48	6	29
11	Lungs	3	56	27	19
12	Developmental—				
	(a) Hernia	7	8	1	—
	(b) Other	2	23	2	5
13	Orthopaedic—				
	(a) Posture	10	18	6	17
	(b) Flat Foot	46	32	14	8
	(c) Other	29	20	15	18
14	Nervous System—				
	(a) Epilepsy	—	1	—	1
	(b) Other	5	7	17	3
15	Psychological—				
	(a) Development	—	5	4	15
	(b) Stability	—	9	3	20
16	Other	68	91	27	50

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN
THE AGE GROUPS.

Age Groups. (1)	No. of Pupils Inspected. (2)	A (Good).		B (Fair).		C (Poor).	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2. (8)
Entrants	739	143	19.35	511	69.15	85	11.50
Second Age Group ...	544	109	20.04	370	68.01	65	11.95
Third Age Group	375	111	29.60	220	58.67	44	11.73
Other Periodic Inspections...	123	30	24.39	77	62.60	16	13.01
Total	1,781	393	22.07	1,178	66.14	210	11.79

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	15,901
(ii) Total number of individual pupils found to be infested ...	771
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	469
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Table V).

	No. of defects treated, or under treatment, during the year.
(a) Skin—	
Ringworm—Scalp—	
(i) X-ray treatment	12
(ii) Other treatment	15
Ringworm—Body	9
Scabies	21
Impetigo	34
Other skin diseases	66
Eye Disease	27
Ear Defects	43
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	311
Total	538

(b) Total number of attendances at Authority's Minor Ailments Clinics	...	...	...	4,243
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GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of refraction (including squint)	261
Other defect or disease of the eyes (excluding those recorded in Group I)	8
Total	269
Number of pupils for whom spectacles were—	
(a) Prescribed	199
(b) Obtained	152

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND
THROAT.

	Total No. treated.
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	111
(b) For other nose and throat conditions	—
Received other forms of treatment	58
Total	169

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	9
(b) Number treated otherwise, e.g., in clinics or out-patient departments	110

GROUP V.—CHILD GUIDANCE TREATMENT AND
SPEECH THERAPY.

Number of pupils treated—	
(a) Under Child Guidance arrangements	7
(b) Under Speech Therapy arrangements	35

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic age groups	3,518
(b) Specials	955
(c) Total (Periodic and Specials)	4,473

(2)	Number found to require treatment	...	...	...	...	3,341
(3)	Number actually treated	...	...	...	...	2,433
(4)	Attendances made by pupils for treatment	...	...	...	...	4,952
(5)	Half-days devoted to—					
	(a) Inspection	...	...	...	...	32
	(b) Treatment	...	...	...	...	697
	Total (a) and (b)	...	...	...	...	<u>729</u>
(6)	Fillings—					
	Permanent teeth	...	...	...	...	1,912
	Temporary teeth	...	...	...	...	61
	Total	...	...	...	...	<u>1,973</u>
(7)	Extractions—					
	Permanent teeth	...	...	...	...	772
	Temporary teeth	...	...	...	...	3,517
	Total	...	...	...	...	<u>4,289</u>
(8)	Administration of general anaesthetics for extraction	...	...	...	...	<u>801</u>
(9)	Other operations—					
	(a) Permanent teeth	...	...	...	...	1,600
	(b) Temporary teeth	...	...	...	...	550
	Total (a) and (b)	...	...	...	...	<u>2,150</u>

